

PTO/SB/09 (12-97)

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| STATEMENT CLAIMING SMA (37 CFR 1.9(f) & 1.27(b))INDI | Docket Number (Optional) | | | | | | |
|--|---|--|--|--|--|--|--|
| Applicant, Patentee, or Identifier: Sharon Vernon | | | | | | | |
| | | | | | | | |
| Filed or Issued: | | | | | | | |
| FiledorIssued: "Protective Phone Cover" Title: | | | | | | | |
| As a below named inventor, I hereb for purposes of paying reduced fees | ry state that I qualify as an independent invent s to the Patent and Trademark Office describe | or as defined in 37 CFR 1.9(c) ed in: | | | | | |
| the specification filed herewith with title as listed above. | | | | | | | |
| the application identified above. | | | | | | | |
| the patent identified above. | | | | | | | |
| I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). | | | | | | | |
| Each person, concern, or organiza obligation under contract or law to a No such person, concern, | tion to which I have assigned, granted, conve assign, grant, convey, or license any rights in | yed, or licensed or am under an the invention is listed below: | | | | | |
| | or organization exists. rn, or organization is listed below. | | | | | | |
| Lacif such person, concer | n, or organization to noted below. | | | | | | |
| Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27) | | | | | | | |
| entitlement to small entity status i | is application or patent, notification of any cha prior to paying, or at the time of paying, the e on which status as a small entity is no longer | earliest of the issue fee or any | | | | | |
| Sharon Vernon | | | | | | | |
| NAME OF INVENTOR . | NAME OF INVENTOR | NAME OF INVENTOR | | | | | |
| & Sharon Vern | ∞ | | | | | | |
| Signature of inventor | Signature of inventor | Signature of inventor | | | | | |
| Q 9-10-01 | | | | | | | |
| Date | Date | Date | | | | | |
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Attorney Docket Number

| DECLARATION FOR C | JILIII OK | First Named In | ventor | Sharon Ve | rnon | | | |
|---|--|--------------------------------------|-------------------------|---|---------------------|--|--|--|
| PATENT APPLICATION (37 CFR 1.63) | | С | COMPLETE IF KNOWN | | | | | |
| | | Application Nu | | | | | | |
| | Declaration Submitted after Initial | Filing Date | | | | | | |
| Submitted OR S | | Group Art Unit | | | | | | |
| Filing (3 | ling (surcharge 7 CFR 1.16 (e)) quired) | Examiner Nam | e | | | | | |
| | | | | | | | | |
| As a below named inventor, I hereb | • | | | | | | | |
| My residence, mailing address, and c | tizenship are as state | ed below next to my na | me. | | | | | |
| I believe I am the original, first and so | | | | | | | | |
| | names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | |
| "Protective Ph | one Cover" | | | | | | | |
| | (Title of the Invention) | | | | | | | |
| the specification of which | | | | | | | | |
| is attached hereto OR as United States Application Number or PCT International | | | | | | | | |
| OR as United States Application Number or PCT International was filed on (MM/DD/YYYY) | | | | | | | | |
| Application Number and was amended on (MM/DD/YYYY) (if applicable). | | | | | | | | |
| | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | |
| I acknowledge the duty to disclose in in-part applications, material informat PCT international filing date of the co | I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | | |
| certificate, or 365(a) of any PCT inte America, listed below and have als | I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Cop | oy Attached? NO | | | |
| | | | _ | | | | | |
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| | | | | | | | | |
| Additional foreign application num | nbers are listed on a | supplemental priority d | ata sheet PTO/SE | 3/02B attached he | ereto: | | | |
| I hereby claim the benefit under 35 | | | | | | | | |
| Application Number(s) | | (MM/DD/YYYY) | | | | | | |
| 60/228,313 | 0 | Additional provisi numbers are liste | | s are listed on a nental priority data | priority data sheet | | | |

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Nur or Bar Code L | 1 | | →X □ | Correspondence address below | | |
|---|-------------|----------|-----------------------------|--------------------------------|--|--|
| Name Matthew J. Peirce, Esq. | | | | | | |
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| Address | | | | | | |
| City Las Vegas | | State | NV | 89123 ZIP | | |
| Country | USA (70 | | 6-9990 | (702) 366-9991 Fax | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | A petiti | ion has been fil | led for this unsigned inventor | | |
| Given Name Sharon Family | | | nily Name Vernon Surname | | | |
| Inventor's Signature Date 9-10-01 | | | | | | |
| Residence: City Laguna Niguel | State C. | A | USA | Citizenship USA | | |
| Mailing Address | ar | | | | | |
| Mailing Address | | | | | | |
| City Laguna Niguel State | CA | ZIP | 92677 | Country | | |
| NAME OF SECOND INVENTOR: | | A petit | ion has been fil | led for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family I | | | | |
| Inventor's Signature | | | | Date | | |
| Residence: City | State | | Country | Citizenship | | |
| Mailing Address | | | | | | |
| Mailing Address | | | | | | |
| | | ZIP | | | | |
| City State ZIP Country Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | |